

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12594



7 - PROCEDURES

**000001**

FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

SPECIMEN NOTES

29SEP97

SUBOPTIMAL SPECIMEN FOR CBC/D ANALYSIS WAS RECEIVED. SPECIMEN TUBE CONTAINED CLOT, UNABLE TO PROCESS. PROBLEM REPORTED TO [REDACTED] AT 09/29/97 19:31 BY [REDACTED] ORIGINAL TEST CANCELLED. TEST HAS BEEN REORDERED BY LABORATORY.

HEMATOLOGY

TEST	COLLECTION DATE	28SEP97	29SEP97	30SEP97	30SEP97	30SEP97	01OCT97
	COLLECTION TIME	2100	1920	0630	1445	2315	0530
	REFERENCE RANGE	CBC					
WBC	5.0-21.0 K/uL					3.7 L	3.0 Lf
WBC	9.0-30.0 K/uL	14.3	10.4	3.0 Lf	2.4 Lf		
RBC	3.60-6.20 MIL/uL					4.00	3.31 L
C	3.90-6.60 MIL/uL	4.59	5.30	4.54	3.90		
HB	14.5-22.5 g/dL	17.0	19.6	16.5	14.1 L	14.6	12.1 L
HCT	42.0-60.0 %	50.1	58.2	49.9	41.7 L	43.3	35.9 L
MCV	95.0-121.0 fL	109.1	109.8	110.0	107.0	108.2	108.6
MCH	28.0-40.0 pg	37.0	37.0	36.5	36.2	36.5	36.6
MCHC	30.0-36.0 g/dL	33.9	33.7	33.1	33.8	33.7	33.7
RDW	11.5-16.0 %	17.9 H	17.7 H	17.4 H	17.5 H	17.6 H	17.3 H
PLT	150-575 K/uL	350	305	309	245	191	201
01OCT97 0530 WBC		WBC COUNT CORRECTED FOR NRBCS.					
30SEP97 0630 WBC		WBC corrected for NRBC.					
30SEP97 1445 WBC		WBC corrected for NRBC.					

DIFFERENTIAL

NEUT %	8.0-46.0 %					20.0	31.0 f
NEUT %	32.0-62.0 %	63.0 H	25.0 L	10.0 L	18.0 Lf		
BAND %	0-7 %	6	30 H	35 H	29 H	30 H	36 H
LYMPH %	29.0-36.0 %	23.0 L	35.0	45.0 H	44.0 H		
LYMPH %	44.0-89.0 %					47.0	26.0 L
NO %	0-12.0 %	7.0	8.0	8.0	9.0	3.0	7.0
EOS %	0-5.4 %	1.0	2.0	2.0	.0	.0	.0
BASO %	0-1.0 %	.0	.0	.0	.0	.0	.0
LUC %	0-4.0 %	.0	.0	.0	.0	.0	.0
LEFT SHIFT		0	+++	+++	+++	+++	+++
IMMAT GRAN							
NRBC	/100WC	4	4	14	16	2	
01OCT97 0530 NEUT %		INCLUDES 19 IMMAUTRE GRANULOCYTES.					
30SEP97 1445 NEUT %		INCLUDES 8% METAS, 1% MYELOCYTES					

MORPHOLOGY

ANISO	+	+	+	+	+	+
MICRO	0	0	0	0	0	0
MACRO	++	++	++	++	++	++

FOOTNOTES

L = Low, H = High, f = Footnote

continued...

FINAL CHART COPY  
DO NOT DISCARD

HEMATOLOGY

Printed 03OCT97  
Time 0140  
Page 1

000002

FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

HEMATOLOGY

TEST	COLLECTION DATE	28SEP97	29SEP97	30SEP97	30SEP97	30SEP97	01OCT97
	COLLECTION TIME	2100	1920	0630	1445	2315	0530
REFERENCE RANGE							

MORPHOLOGY

POLY	+	+	+	+	+	+
VAR	0	0	0	0	0	0
HYPO	0	0	0	0	0	0
BURR CELL	+	+	+++	++	++	+++
TARG CELLS						
SCHISTOCYT		+		+	+	+
SPHEROCYT						
DIFF REV/MORPH	MAN DIF	MAN DIF	MAN DIF	MAN DIF	MAN DIF	MAN DIF

TEST	COLLECTION DATE	01OCT97	01OCT97	02OCT97
	COLLECTION TIME	1345	1855	0520
REFERENCE RANGE				

CBC

WBC	5.0-21.0 K/uL	1.9 L	4.6 Lf	5.2
RBC	3.60-6.20 MIL/uL	3.44 L	3.26 L	3.67
HGB	10.0-18.0 g/dL			12.6
HGB	14.5-22.5 g/dL	12.1 L	11.3 L	
HCT	31.0-55.0 %			37.0
HCT	42.0-60.0 %	36.1 L	34.7 L	
MCV	85.0-123.0 fL			100.8
MCV	95.0-121.0 fL	104.9	106.5	
MCH	28.0-40.0 pg	35.2	34.7	34.3
MCHC	30.0-36.0 g/dL	33.5	32.5	34.1
RDW	11.5-16.0 %	17.9 H	17.6 H	18.6 H
PLT	150-575 K/uL	183	171	117 L
01OCT97 1855 WBC				

WBC corrected for NRBC.

DIFFERENTIAL

NEUT %	8.0-46.0 %	17.0 f	9.0	10.0
BAND %	0-7 %	38 H	47 H	15 H
LYMPH %	44.0-89.0 %	29.0 L	23.0 L	48.0
MONO %	.0-12.0 %	15.0 H	21.0 H	23.0 H
EOS %	.0-5.4 %	1.0	.0	4.0
BASO %	.0-1.0 %	.0	.0	.0
LUC %	.0-4.0 %	.0	.0	.0
LEFT SHIFT		+++	+++	+++
IMMAT GRAN		++		++
NRBC				
01OCT97 1345 NEUT %				

THIS COUNT CONTAINS 8 IMMATURE GRANULOCYTES

FOOTNOTES

L = Low, H = High, f = Footnote

continued...

FINAL CHART COPY  
DO NOT DISCARD

HEMATOLOGY

Printed 03OCT97  
Time 0140  
Page 2

000003

# FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

## HEMATOLOGY

TEST	COLLECTION DATE	01OCT97	01OCT97	02OCT97
	COLLECTION TIME	1345	1855	0520
	REFERENCE RANGE			

### MORPHOLOGY

ANISO	+	+	++
MICRO	0	0	0
MACRO	++	++	++
POLY	+	+	
VAR	0	0	0
HYP0	+	0	0
BURR CELL	+	+++	+++
OVALOCYTES	+		
HISTOCYT	+		+
FF REV/MORPH	MAN DIF	MAN DIF	MAN DIF

## CHEMISTRY

TEST	COLLECTION DATE	29SEP97	30SEP97	30SEP97	01OCT97	01OCT97	02OCT97
	COLLECTION TIME	1915	0630	1825	0530	1855	0520
	REFERENCE RANGE						
BUN	6-23 mg/dL	20	24 H	29 H	30 H	26 H	25 H
SODIUM	135-145 mEq/L	136	133 L	141	130 L	139	142
POTASSIUM	3.5-5.0 mEq/L	5.7 H	5.5 H	5.0	4.7	4.5	4.3
CHLORIDE	96-112 mEq/L	105	103	104	98	104	105
CARBON DIOXIDE	20-32 mEq/L	17 L	24	21	25	23	20
INOR PHOS	2.3-4.6 mg/dL	6.3 H	7.8 H	8.1 H	6.9 H	2.7	5.1 H
CALCIUM	8.4-10.2 mg/dL	9.1	6.8 Lf	6.6 L	7.2 L	7.8 L	8.9 f
MAGNESIUM	1.5-2.5 mg/dL	2.1	1.8	1.9	1.7	1.8	2.1
TOTAL BILI	0.0-1.0 mg/dL	8.6 H	6.9 H	8.4 H	9.3 H	12.1 H	12.3 H
IG	0-200 mg/dL	106	21	38	45	63	133
30SEP97 0630 CALCIUM	Variation noted.	Sample rechecked at 09/30/97 10:13.					
02OCT97 0520 CALCIUM	Variation noted.	Sample rechecked at 10/02/97 08:51.					

## THERAPEUTIC DRUG MONITORING AND TOXICOLOGY

### THERAPEUTIC DRUG MONITORING

TEST	GENTA TROUGH	DOSE TIME	GENTA PEAK	DOSE-GENTA
RANGE	0.5-2.0		4.0-10.0	
UNITS	UG/ML	HR/MIN	UG/ML	HR/MIN
30SEP97 2100	1.4	2130		
30SEP97 2315			5.0	2130

#### FOOTNOTES

L = Low, H = High, f = Footnote

continued...

FINAL CHART COPY  
DO NOT DISCARD

HEMATOLOGY

DRUG/TOXICOLOGY

Printed 03OCT97  
Time 0140  
Page 3

000004

FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

**THERAPEUTIC DRUG MONITORING AND TOXICOLOGY**

**DRUG SCREEN, URINE**

TEST	AMPHET/METHAMPH	BARBITURATE	BENZODIAZEPINE	CANNABINOID	COCAINE	OPIATE
30SEP97 1215	NONE DET	NONE DET	NONE DET	NONE DET	NONE DET	NONE DET

**REFERRED TESTS**

**STATE LAB SCREEN**

TEST	PHENYLALANINE	GALACTOSE	THYROID	CAH	HEMOGLOBIN
30SEP97 1900	PENDING	PENDING	PENDING	PENDING	PENDING

**BLOOD BANK**

COLLECTION DATE 01OCT97  
COLLECTION TIME 2020

TEST  
ABO/RH A POS  
ANTIBODY SCR NEG f  
DIRECT COOMBS NEG  
01OCT97 2020 ANTIBODY SCR ANTIBODY SCREEN RUN USING MOTHER'S SERUM \_

**TRANSFUSIONS**

PRODUCT	UNIT #	DATE	TIME	ACCESSION #
	B	10/01/97	2135	

RBC PEDI PACK SUB B

FOOTNOTES  
f - Footnote

continued...

FINAL CHART COPY  
DO NOT DISCARD

BLOOD BANK

DSCH 02OCT97 ACCT #

TRANSFUSIONS

DRUG/TOXICOLOGY REFERRED TESTS

Printed 03OCT97  
Time 0140  
Page 4

000005

FINAL LABORATORY REPORT

COMP

Sex F Admitted 28SEP97  
Age 2 WKS Patient Type I

REFERRED TESTS

STATE LAB SCREEN

TEST	PHENYLALANINE	GALACTOSE	THYROID	CAH	HEMOGLOBIN
30SEP97 1900	NORMAL	NORMAL	NORMAL	NORMAL	NORML, FA

PENDING ORDER SUMMARY

DATE	TIME	PROCEDURE	ACCESSION #
10/02/97		HYPERAL	

REFERRAL TESTING LOCATIONS

Performed at:

30SEP97 1900 PKU SCRIN (PHENYLALANINE, GALACTOSE, THYROID, CAH, HEMOGLOBIN)

END OF REPORT

FINAL CHART COPY  
DO NOT DISCARD

Printed 15OCT97  
Time 0151  
Page 1

REFERRED TESTS PENDING ORDER SUMMARY

000006

FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

PENDING ORDER SUMMARY

DATE	TIME	PROCEDURE	ACCESSION #
10/01/97		TC PC	
09/28/97		CULT PEDS	
09/30/97		PKU SCRIN	
10/02/97		HYPERAL	

CANCELLATION SUMMARY

DATE	TIME	PROCEDURE	ACCESSION #	CANCELLATION REASON
09/29/97		CBC/D		SAMPLE CLOTTED
10/01/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		MG		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CHEM9		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		MG		ORDER ERROR
10/02/97		CHEM9		ORDER ERROR
10/02/97		HYPERAL		ORDER ERROR
10/02/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CBC/D		PATIENT HAS BEEN DISCHARGED
10/02/97		MG		PATIENT HAS BEEN DISCHARGED

continued...

FINAL CHART COPY  
DO NOT DISCARD

DSCH 02OCT97

ACCT #

PENDING ORDER SUMMARY

Printed 03OCT97  
Time 0140  
Page 5

000007

FINAL LABORATORY REPORT

Sex F Admitted 28SEP97  
Age 4 DYS Patient Type I

**CANCELLATION SUMMARY**

DATE	TIME	PROCEDURE	ACCESSION #	CANCELLATION REASON
10/02/97		MG		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CHEM9		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/02/97		CHEM9		PATIENT HAS BEEN DISCHARGED
10/02/97		HYPERAL		PATIENT HAS BEEN DISCHARGED
10/02/97		CBC/D		RESCHEDULED FOR ANOTHER TIME AND/OR DATE
10/03/97		CBC/D		PATIENT HAS BEEN DISCHARGED
10/03/97		MG		PATIENT HAS BEEN DISCHARGED
10/03/97		CHEM9		PATIENT HAS BEEN DISCHARGED
10/03/97		HYPERAL		PATIENT HAS BEEN DISCHARGED
10/03/97		CBC/D		PATIENT HAS BEEN DISCHARGED
10/03/97		MG		PATIENT HAS BEEN DISCHARGED
10/03/97		CHEM9		PATIENT HAS BEEN DISCHARGED
10/03/97		HYPERAL		PATIENT HAS BEEN DISCHARGED

**REFERRAL TESTING LOCATIONS**

Performed at:

30SEP97 1900 PKU SCRIN (PHENYLALANINE, GALACTOSE, THYROID, CAH, HEMOGLOBIN)

END OF REPORT

FINAL CHART COPY  
DO NOT DISCARD

DSCH 02OCT97 ACCT #

Printed 03OCT97

Time 0140

Page 6

CANCEL SUMMARY WHERE PERFORMED

000008



PATIENT: [REDACTED]

ACCT: [REDACTED]  
UNIT: [REDACTED]  
ROOM/  
DOB .

MRN: [REDACTED]

FAX:

FAX:

PATIENT TYPE: [REDACTED]  
PROC ID: [REDACTED]

SEX: f DISCHARGE DATE:

ORDERING PHYSICIAN \*\*

Resident, Pediatric MD OFF. PHONE:

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

ADMITTING COMMENTS:

REASON FOR EXAM: unknown

PROCEDURE: PORT INFANT ABD AP

PERF DATE: 09/29/1997

FULL1 PRINT INITIATED 09/30/1997 7:56 BY: [REDACTED]

\*\*\*\*\* FINAL REPORT \*\*\*\*\*

Interpreting Physician: [REDACTED] MD

\*\*\* Final Report \*\*\*

PORTABLE KUB 9-29-97 AT 1845: THERE IS GAS THROUGHOUT THE GI TRACT BUT THERE IS PNEUMATOSIS INTESTINALIS IN MULTIPLE BOWEL LOOPS IN BOTH THE RIGHT AND LEFT SIDES OF THE ABDOMEN. THE BOWEL IS SOMEWHAT DISTENDED.

IMPRESSION: THERE IS BOWEL DISTENTION WITH PNEUMATOSIS. CLINICAL CORRELATION FOR NECROTIZING ENTEROCOLITIS IS SUGGESTED. I CANNOT EXCLUDE SOME BUBBLES OF GAS OVERLYING THE BILIARY TREE.

PORTABLE ABDOMEN 9-29-97 WITH LEFT LATERAL DECUBITUS VIEW OF THE ABDOMEN. NO DEFINITE FREE INTRAPERITONEAL AIR IS SEEN BUT AGAIN NOTICED IS PNEUMATOSIS INTESTINALIS RATHER DIFFUSELY IN THE ABDOMEN. THERE IS NO SIGNIFICANT CHANGE FROM THE LAST FILM. THE LUNGS APPEAR CLEAR AND HEART SIZE IS NORMAL.

IMPRESSION: CONTINUED PNEUMATOSIS INTESTINALIS.

PORTABLE AP CHEST AND ABDOMEN 9-29-97 AT 2035: COMPARED TO FILM AT 1915, THE PNEUMATOSIS INTESTINALIS IS UNCHANGED AND THERE IS BOWEL DISTENTION DIFFUSELY. THERE IS NOW AN NG TUBE WITH THE TIP IN THE STOMACH. THE LEFT APEX IS CLIPPED BUT THE LUNGS ARE CLEAR OTHERWISE AND HEART SIZE IS NORMAL.

IMPRESSION: NO SIGNIFICANT CHANGE IN PNEUMATOSIS INTESTINALIS. NG TUBE IN THE STOMACH.

9-29-97

[REDACTED] MD

Approved by: [REDACTED] MD

000009

[REDACTED]

[REDACTED]

=====

| PATIENT: [REDACTED] |

=====

[REDACTED] SEX: f DISCHARGE DATE:

\*\* ORDERING PHYSICIAN \*\*

[REDACTED] OFF. PHONE: [REDACTED]

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

ADMITTING COMMENTS:

REASON FOR EXAM: replogle placement

PROCEDURE: PORT INFANT CHEST & ABD AP

PERF DATE: 09/29/1997

ACCT: [REDACTED]  
UNIT: [REDACTED]  
ROOM/E [REDACTED]  
DOB . [REDACTED]

MRN: [REDACTED]

FAX: [REDACTED]

FAX:

PATIENT TYPE: [REDACTED]  
PROC ID: [REDACTED]

FULL1 PRINT INITIATED 10/01/1997 8:41 BY: [REDACTED]  
\*\*\*\*\* FINAL REPORT \*\*\*\*\*

Interpreting Physician: [REDACTED] Md  
\*\*\* Final Report \*\*\*

PORTABLE CHEST/ABDOMEN, PORTABLE AP AND LEFT LATERAL DECUBITUS  
ABDOMEN, PORTABLE AP AND LEFT LATERAL DECUBITUS ABDOMEN:

ABDOMEN:

- #1. SUPPORT LINES ARE SATISFACTORY. PNEUMATOSIS, PARTICULARLY  
VISIBLE IN THE LEFT UPPER QUADRANT, SHOWS NO SIGNIFICANT CHANGE.
- #2. PNEUMATOSIS ON THE RIGHT SHOWS NO CHANGE. NO FREE AIR OR PORTAL  
VENOUS AIR IS DEMONSTRATED.
- #3. PNEUMATOSIS PATTERN SHOWS NO CHANGE. SUPPORT LINES LOOK  
SATISFACTORY.

D: 10/30/97  
[REDACTED]

[REDACTED], MD

Approved by: [REDACTED], MD

[REDACTED]

=====

| PATIENT: [REDACTED] |

=====

ACCT: [REDACTED]  
UNIT: [REDACTED]  
ROOM/  
DOB . [REDACTED]  
  
MRN: [REDACTED]

SEX: f DISCHARGE DATE:  
\*\* ORDERING PHYSICIAN \*\*  
Resident, Pediatric MD OFF. PHONE:  
\*\* ATTENDING PHYSICIAN \*\*  
OFF. PHONE:

FAX:  
  
FAX:

ADMITTING COMMENTS:  
REASON FOR EXAM: unknown please do at 0800 in a  
PROCEDURE: PORT INF ABD(AP&LAT DEC)  
PERF DATE: 09/30/1997

PATIENT TYPE: [REDACTED]  
PROC ID: [REDACTED]

FULL1 PRINT INITIATED 10/01/1997 8:43 BY: [REDACTED]  
\*\*\*\*\* FINAL REPORT \*\*\*\*\*

Interpreting Physician: [REDACTED] Md  
\*\*\* Final Report \*\*\*

PORTABLE INFANT ABDOMEN: AP & DECUB 9/30/97 0715 HRS. THERE IS  
PERSISTENT PNEUMATOSIS WHICH APPEARS UNCHANGED WHEN COMPARED TO THE  
PREVIOUS EXAM. THERE IS NO FREE OR PORTAL VENOUS AIR. NG TUBE  
REMAINS IN THE STOMACH.

IMPRESSION: NO SIGNIFICANT CHANGE IN PNEUMATOSIS.

[REDACTED] 10/1/97

[REDACTED], MD

Approved by: [REDACTED] MD

MEDICAL IMAGING REPORT

PATIENT:

ACCT:  
UNIT:  
ROOM/  
DOB .

MRN:

FAX:

FAX:

SEX: f DISCHARGE DATE:

\*\* ORDERING PHYSICIAN \*\*

Resident, Pediatric MD OFF. PHONE:

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

ADMITTING COMMENTS:

REASON FOR EXAM: unknown please do at 4pm today

PROCEDURE: PORT INF ABD(AP&LAT DEC)

PERF DATE: 09/30/1997

PATIENT TYPE:  
PROC ID:

FULL1 PRINT INITIATED 10/01/1997 4:18 BY:

\* \* \* \* \* FINAL REPORT \* \* \* \* \*

Interpreting Physician: Md

\*\*\* Final Report \*\*\*

ABDOMEN 9/30/97:

PORTABLE STUDY AT 1715 WITH LATERAL AND DECUBITUS VIEWS AGAIN REVEALS BOWEL DISTENTION BUT NO FREE AIR IS SEEN AND NASOGASTRIC TUBE REMAINS IN GOOD POSITION.

ABDOMEN 9/30/97:

PROGRESS PORTABLE STUDY AT 2040 WITH SUPINE AND DECUBITUS VIEWS AGAIN SHOWS NO FREE AIR. THERE IS PERSISTENT DILATATION OF BOWEL.

ABDOMEN 9/30/97:

PORTABLE STUDY AT 2359 IS UNCHANGED. AGAIN FINDINGS SHOW FOCAL DISTENTION OF BOWEL BUT NO FREE AIR.

ABDOMEN 10/1/97:

PROGRESS STUDY AT 0400 HOURS WITH SUPINE AND DECUBITUS VIEWS REVEALS PERSISTENT SMALL BOWEL AND PROBABLE RIGHT COLON DISTENTION BUT NO FREE AIR IS SEEN. THE APPEARANCE OF THE ABDOMEN IS UNCHANGED FROM EARLIER STUDIES.

000012

PORT INF ABD(AP&LAT DEC)  
PORT INF ABD(AP&LAT DEC)  
PORT INF ABD(AP&LAT DEC)

\*\*\* Final Report \*\*\*

IMPRESSION: BOWEL DISTENTION WITH NO FREE AIR OR INTERVAL CHANGES.

10/1/97

MD

Approved by: MD

000013

PATIENT:

ACCT:  
UNIT:  
ROOM/  
DOB .

MRN:

FAX:

FAX:

SEX: f DISCHARGE DATE:

\*\* ORDERING PHYSICIAN \*\*

Resident, Pediatric MD OFF. PHONE:

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

ADMITTING COMMENTS:

REASON FOR EXAM: unknown please do at 1200 tomo

PROCEDURE: PORT INF ABD(AP&LAT DEC)

PERF DATE: 10/01/1997

PATIENT TYPE:  
PROC ID:

FULL1 PRINT INITIATED 10/01/1997 8:35 BY:  
\* \* \* \* \* FINAL REPORT \* \* \* \* \*

Interpreting Physician: Md  
\*\*\* Final Report \*\*\*

ABDOMEN: PORTABLE STUDY WITH SUPINE AND DECUBITUS VIEWS SHOWS  
DILATED LOOP OF BOWEL IN THE RIGHT ABDOMEN. NO FREE AIR IS SEEN. NG  
TUBE IS IN PLACE. THE APPEARANCE OF THE DILATED LOOP OF BOWEL IS  
ESSENTIALLY THE SAME AS ON THE EARLIER STUDY OF 0750 OF 10/1/97.

IMPRESSION: FOCAL BOWEL DILATATION UNCHANGED FROM EARLIER IN THE  
DAY. NO FREE AIR IS SEEN. HOWEVER FINDINGS DO SUGGEST INTRAMURAL  
AIR AND THIS SHOULD BE VERY CLOSELY CORRELATED WITH THE CLINICAL  
FINDINGS.

10/1/97

Verified by: MD

000014

MEDICAL IMAGING REPORT

PATIENT: [REDACTED]

ACCT [REDACTED]  
UNIT [REDACTED]  
ROOM [REDACTED]  
DOB [REDACTED]

MRN: [REDACTED]

SEX: f DISCHARGE DATE:

\*\* ORDERING PHYSICIAN \*\*

Resident, Pediatric MD OFF. PHONE:

FAX:

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

FAX:

ADMITTING COMMENTS:

REASON FOR EXAM: unknown please do at 8am

PROCEDURE: PORT INF ABD (AP&LAT DEC)

PERF DATE: 10/01/1997

PATIENT TYPE: [REDACTED]

PROC ID: [REDACTED]

PRINT INITIATED 10/02/1997 5:32

BY: [REDACTED]

\*\*\*\*\* FINAL REPORT \*\*\*\*\*

Interpreting Physician: [REDACTED] Md  
\*\*\* Final Report \*\*\*

PORTABLE ABDOMEN AP AND LEFT LATERAL DEC.

BOWEL GAS PATTERN IS ESSENTIALLY UNCHANGED FROM SEVERAL PREVIOUS EXAMINATIONS. THERE IS A DILATED VISCUS ON THE RIGHT AND THE DECUBITUS VIEWS SHOW FEMORAL AIR FLUID LEVELS, WHICH I BELIEVE ARE CONTAINED WITHIN THIS LOOP OF BOWEL. THE DEGREE OF PNEUMATOSIS APPEARS TO HAVE IMPROVED. NO PORTAL VENOUS GAS IS PRESENT.

CONCLUSION:

IMPROVED PNEUMATOSIS, PERSISTENT BOWEL DILATATION.

10/2/97

[REDACTED] MD

Approved by: [REDACTED] MD

000015

PATIENT: [REDACTED]

ACCT: [REDACTED]  
UNIT: [REDACTED]  
ROOM/  
DOB .

MRN: [REDACTED]

FAX: [REDACTED]

FAX: [REDACTED]

PATIENT TYPE: [REDACTED]  
PROC ID: [REDACTED]

SEX: f DISCHARGE DATE:

\*\* ORDERING PHYSICIAN \*\*

Resident, Pediatric MD OFF. PHONE:

\*\* ATTENDING PHYSICIAN \*\*

OFF. PHONE:

ADMITTING COMMENTS:

REASON FOR EXAM: please do at 12:00

PROCEDURE: PORT INF ABD(AP&LAT DEC)

PERF DATE: 09/30/1997

FULL1 PRINT INITIATED 10/02/1997 10:24 BY: [REDACTED]

\*\*\*\*\* FINAL REPORT \*\*\*\*\*

Interpreting Physician: [REDACTED] Md

\*\*\* Final Report \*\*\*

ABDOMEN AND LEFT LATERAL DECUBITUS 9-30-97 1200 HOURS: SUPINE AND LEFT LATERAL DECUBITUS EXAMS OF THE ABDOMEN. PNEUMATOSIS IS NOTED IN THE RIGHT COLON WITH DILATATION OF THE RIGHT COLON. NO FREE AIR IS SUGGESTED. NG TUBE REMAINS.

CONCLUSION: PERSISTENT PNEUMATOSIS. NO FREE AIR.

ABDOMEN 10-1-97 2359 HOURS: SUPINE AND LEFT LATERAL DECUBITUS EXAMS. PNEUMATOSIS IS SLIGHTLY LESS. RIGHT COLON IS LESS PROMINENT. NO FREE AIR IS SUGGESTED.

CONCLUSION: IMPROVED RIGHT COLON PROMINENCE. PNEUMATOSIS IS SLIGHTLY LESS.

ABDOMEN 10-1-97 1810 HOURS: SUPINE AND LEFT LATERAL DECUBITUS EXAMS. RIGHT SIDED PNEUMATOSIS IS STABLE. RIGHT COLON REMAINS SLIGHTLY PROMINENT. NO FREE AIR IS SUGGESTED.

CONCLUSION: RIGHT PNEUMATOSIS UNCHANGED.

ABDOMEN 10-2-97 0610 HOURS: SUPINE AND LEFT LATERAL DECUBITUS EXAMS OF THE ABDOMEN. RIGHT SIDED PNEUMATOSIS IS LESS APPARENT. NO FREE AIR IS SUGGESTED. NG TUBE ENDS IN THE STOMACH.

CONCLUSION: FURTHER DECREASE RIGHT SIDED PNEUMATOSIS. RIGHT COLON LESS PROMINENT.

[REDACTED] 10-2-97

Verified by: [REDACTED] MD

000016



PATIENT NAME :  
REQUISITION #:  
DATE DONE :  
REFERRING DR :  
RADIOLOGIST :

UNIT #:  
LOCATION:  
DATE READ:  
ORDERING DR:  
RESIDENT DR:

ADM DX: NECROTIZING ENTEROCOLITIS  
INDICATIONS: NEW ADM.

INDICATIONS:

CHEST AND ABDOMEN: 10-02-97

INDICATION: NECROTIZING ENTEROCOLITIS.

FINDINGS: AP, SUPINE RADIOGRAPH OF THE CHEST AND ABDOMEN AND LEFT LATERAL ABDOMINAL RADIOGRAPH WERE OBTAINED.

THE ENDOTRACHEAL TUBE TIP IS AT THE LEVEL OF THE CARINA. A NASOGASTRIC TUBE IS WITHIN THE STOMACH. THERE IS A MILD DEGREE OF CARDIOMEGALY, AND SLIGHTLY INCREASED PULMONARY VASCULARITY. MOTTLED LUCENCIES ARE SEEN WITHIN THE RIGHT LOWER ABDOMINAL QUADRANT, SOME OF WHICH HAVE A SOMEWHAT CURVILINEAR CONFIGURATION, COMPATIBLE WITH PNEUMATOSIS. THE BOWEL GAS PATTERN IS OTHERWISE NONSPECIFIC WITH MULTIPLE MILDLY DILATED LOOPS OF BOWEL WITHIN THE CENTRAL ABDOMEN. SCATTERED AIR FLUID LEVELS ARE NOTED AS WELL AS AN APPROXIMATELY 3.5 CM AIR-FLUID STRUCTURE NOTED IN THE RIGHT ABDOMEN Laterally ON THE DECUBITUS FILM WHICH COULD REPRESENT FOCALLY DILATED BOWEL ALTHOUGH AN EXTRA LUMINAL COLLECTION OF GAS CANNOT BE EXCLUDED. THERE IS ALSO THE SUGGESTION OF ASCITES.

IMPRESSION:

1. ETT TIP ABOVE THE CARINA. NASOGASTRIC TUBE TIP IN THE STOMACH.
2. MILD CARDIOMEGALY, SLIGHTLY INCREASED PULMONARY VASCULARITY.
3. FINDING OF NECROTIZING ENTEROCOLITIS AS DESCRIBED ABOVE AS WELL AS AN APPROXIMATELY 3.5 CM AIR-FLUID STRUCTURE WITHIN THE RIGHT ABDOMEN Laterally WHICH COULD REPRESENT FOCALLY DILATED BOWEL ALTHOUGH AN ABSCESS COLLECTION COULD NOT EXCLUDED.
4. SUGGESTIVE OF ASCITES.

I HAVE PERSONALLY REVIEWED AND INTERPRETED THIS IMAGE/IMAGES.

RESIDENT DR: [REDACTED]  
INTERPRETING DR: [REDACTED]  
SIGNED BY DR: [REDACTED]

DATE AND TIME: 10/03/97 15:20

**OPERATIVE NOTE**

Date of Oper 10/02/97  
Room #

**PREOPERATIVE DIAGNOSIS:** Necrotizing enterocolitis.

**POSTOPERATIVE DIAGNOSIS:**

**OPERATION:** Exploratory laparotomy.

**SURGEON:** Dr.

**ASSISTANT:** Dr. Dr.

**ANESTHESIA:** General endotracheal anesthesia.

**INDICATIONS:** This 4-day-old white female was born at 36 weeks gestation and was in an outside referring hospital's nursery when she developed necrotizing enterocolitis. She had severe pneumatosis throughout the small bowel. She continued to deteriorate and was transferred here 8 hours ago. On admission here, she was noted to have a pneumatosis and an air fluid level which was felt to be external to the lumen and bowel. The abdomen was distended, red, tender, and taut. The child was brought to the operating room for exploratory laparotomy.

**PROCEDURE:** With the child in the supine position under general endotracheal anesthesia, after preoperative resuscitation and placement of intravenous lines and intraarterial lines, the child's abdomen was prepped with Betadine solution and draped as a sterile field. The abdomen was entered through a transverse supraumbilical incision. On entering the abdomen, all the visible bowel was necrotic and dead. On further inspection, it was found that there was the entire colon down to the distal sigmoid was necrotic. The entire ileum was necrotic, only 16 cm of proximal jejunum was questionably viable. With this being the only viable bowel the child had, with having no viable colon, this is a condition that is incompatible with life.

The abdomen was closed after the purulent pus and stool which was free within the abdomen was sucked out. The abdomen was closed with 3-0 nylon suture. The child was taken back to the Neonatal Intensive Care Unit in grave condition.

SURGEON

D 10/02/97

T 10/03/97

Doc#

Job#

CC

M.D.

# Memorandum to ARMS # 12594

Date: 6/12/98

From: Medical Officer, Clinical Research and Review Staff, Office of Special  
Nutritionals, HFS-452

Subject: Medical Records Place in Permanent Storage.

The following types and amounts of records (more than 20 pages total) were place in permanent storage on this date because they were not considered essential for interpretation of this adverse event.

Approx Pages	Type of Records
103	Nursing notes
	Dietitian notes
	Respiratory therapy/occupational therapy/physical therapy notes
	Clergy notes
	Medication records
14	Physician's orders
	Vital signs, fluids, input/output records
	Ventilator records
14	Hospital administrative records (e.g., insurance information, living will, etc)

V. Cheeseman for  
Lisa Ginn, MD

000019